**STANDARD OPERATIVE PROCEDURES**



**DEPARTMENT OF DERMATOLOGY**

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1. **Acute urticaria and angio-oedema**

**History**-

* Evanescent itchy weals
* Swelling of eyelids/lips
* Shortness of breath
* Abdominal pain
* Nausea/vomiting
* Recent history of drug intake(drug induced)

**Examination**

* Extent of involvement (localized or general)
* Presence of angio-oedema
* Vitals
* Chest- for presence of wheeze
* P/A for any tenderness

**Management**

**Investigations**

* CHG
* LFT
* RFT
* Urine routine investigations
* CRP/ASO titres

**Treatment**

* i.v Pheniramine
* i.v Hydrocortisone
* Antihistamines
* Oral glucocorticoids

*Specific*

* Treat underlying etiology
* Withdraw offending agent

**2. Acute severe drug reaction**

**History**-

* Fever, malaise, rash (onset, progression, duration)
* H/o drug intake
* Associated co-morbidity

**Examination**

* Type of rash
* Skin detachment/tenderness with BSA
* Mucosal lesions (eye, oral, genital)

**Management**

***Investigations***

* CHG
* RFT
* LFT
* Urine RME
* CXR(PA)
* Specific
* S. bicarbonate
* Viral markers (HIV, HbSAg, Anti HCV)
* ABG analysis
* Blood and Pus C/S

***Treatment (general measures)***

* Withdraw culprit/suspected drug
* Fluid resuscitation as appropriate (modified parkland)
* Nutritional support
* Thermoregulation
* Local care- non adhesive dressings, topical antibiotics, oral and eye care

***Specific***

* Systemic corticosteroids
* Cyclosporine
* Systemic antibiotics(sudden hypothermia, CNS symptoms, symptoms pertaining to a specific system)

**3. Immunobullous diseases**

**History**-

* Fluid filled lesions, mucosal involvement, itching and urticaria
* Age of onset, duration
* Any preceding drug history
* Photosensitivity

**Examination**

* Type of bullae(flaccid/tensed)
* Presence of crusting, type of crust
* Base ( erythmatous/urticarial)
* Sequalae (scarring/hyper or hypopigmentation)

**Management**

**Investigateons**

* CHG
* RFT
* LFT
* UrineR/M
* ECG
* CXR(PA)
* Tzanck
* Skin biopsy (HPE/DIF)
* Blood and pus cultures

***Management- general measures***

* Vital monitoring
* Fluid resuscitation
* Nutritional support
* Local care of skin and mucosal surfaces

***Specific treatment***

* Systemic corticosteroids
* IvIG
* Rituximab

**4. Generalised pustular lesions ( AGEP/Pustular psoriasis)**

**History**

* Previous h/o psoriasis
* H/o recent drug intake( oral/topical)
* Fever
* Pregnancy
* Similar episodes in past
* Site, onset, duration and progression

**Examination**

* BSA
* Pustular lesions( discrete/lakes of pus)
* Sites involved
* Nail/mucosa involvement

**Management**

**Investigations**

* CHG
* RFT
* LFT
* UrineRME
* Gram stain
* Skin biopsy

***General measures***

* Withdraw culprit/suspected drug
* Fluid resuscitation as appropriate
* Nutritional support

***Specific management***

* Treat underlying etiology

**5. Acute vesicular lesions**

**History**

* Fever, malaise, itching
* Fluid filled lesions
* Localized or generalized involvemnt

**Examination**

* Generalized vesiculation over erythmatous base
* Grouped in dermatomal distribution
* Mucosal involvement
* SOB/ altered sensorium

**Management**

**Investigations**

* CHG
* RFT
* LFT
* Urine RME
* Tzanck smear
* ECG
* ECHO
* Brain imaging

**Management**

* Isolation of patient
* Symptomatic treatment (fever, body aches, itching)

**Specific**

* Oral acyclovir
* Antibiotics in case of secondary bacterial infection

**6. Staphylococcal scalded skin syndrome**

**History**

* Fever
* Excessive cry
* Earache
* Sore throat
* Skin rash + peeling
* Examination
* Diffuse erythema
* Skin tenderness
* Skin peeling( predominantly at flexures and pressure sites)
* Peri-oral skin peeling
* Mucosal involvement-ear discharge, congested posterior pharyngeal wall

**Management**

***Investigations***

* CHG
* LFT
* RFT
* ASO
* CRP
* Pus CS

**Treatment**

* Systemic antibiotic therapy

**7. Erythroderma**

**History**

* Fever
* Itching
* Malaise onset, duration and progression
* Pre-existing dermatoses
* H/o drug intake
* Examination
* Diffuse erythema
* Exfoliation
* BSA
* Type of scle
* Involvement of palm and soles
* Involvement of mucosa and nails
* Lymphadenopathy

**Management**

***Investigations***

* CHG
* LFT
* RFT
* Urine RME
* Skin biopsy for HPE
* FNAC(lymph nodes)

***Supportive management***

* Temperature regulation
* Correction in electrolyte disturbances
* Fluid resuscitation
* Nutritional support

***Specific***

* Treat underlying etiology

**8. Lepra reaction**

**History**

* Current or past history of MDT
* Fever
* Malaise
* Reddish raised lesions over skin
* Loss of sensation over extremities or any skin patch with sensory loss
* Sudden onset motor loss
* Redness in eyes, photophobia or lagophthalmos( inability to close eyes completely)

**Examination**

* Erythema/oedema over exixting lesions
* Reddish, raised tender evanescent paules/nodules
* Neuritis
* Evidence of nerve function impairment

**Management**

***Investigations***

* CHG
* LFT
* RFT
* URINE RME

*Specific*

* Slit skin smear
* Skin biopsy for HPE

*Treatment( general measures)*

* Rest to inflamed nerves
* Analgesics, antipyretics
* Antibiotics if needed

*Specific treatment*

* Systemic corticosteroids
* Immunosuppressive agents
* MDT

**9. Cutaneous small vessel vasculitis**

**History**

* History of preceding infection (UTI, URTI, GIT etc.)
* Recent drug intake(drug induced)
* Skin rash-onset ,duration, progression
* Associated symptoms to r/o systemic involvement( pain abdomen, red or dark colored urine, joint pains)

**Examination**

* Predominantly involvement of dependent sites
* Palpable purpura
* Target/targetoid lesions
* Ulcerations
* Acute abdomen

**Management**

**Investigations**

* CHG
* LFT
* RFT
* Urine RME
* CXR(PA)
* ASO/CRP
* Throat swab
* USG abdomen

*Specific*

* Skin biopsy (HPE/DIF)

***Treatment (general measures)***

* Rest
* Symptomatic
* Plenty of fluids

***Specific***

* Treat underlying etiology/withdraw causative agents